PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

	correspondence including the delow or directed oth		(a) specifying a new corresp	pondence address;	and/or (b) indicating a	n 5 should be completed where arrent correspondence address as a separate "FEE ADDRESS" for	
	NCE ADDRESS (Note: Use Blo		Fool	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Striker Striker & Stenby 103 East Neck Road Huntington, NY 11743				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
<i>C</i> ,						(Depositor's name)	
			**************************************			(Signature)	
						(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET	NO. CONFIRMATION NO.	
10/573,631 03/28/2006			Giovanni Nicolosi		3652 5667		
TITLE OF INVENTION	: SYSTEM FOR OPERA				200 V 100 (6)	DATE DUE	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI			
nonprovisional	NO	\$1510	\$300	\$ 0	\$1810	03/02/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
RAMSEY, JEREMY C		3634	160-098000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE PELLINI S.P.A. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents on a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed. 2. For printing on the patent attorneys or agent attorneys or agents on a semination and the names of up to 3 registered patent attorneys or agents on a member a registered attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Codogno (Lodi), Italy							
Please check the appropr	iate assignee category or	categories (will not be	printed on the patent):	Individual 💢 Co	orporation or other priva	ate group entity Government	
£	are submitted: No small entity discount put of Copies	permitted)	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Sta	tus (from status indicate as SMALL ENTITY state		☐ b. Applicant is no lon	ger claiming SMA	LL ENTITY status. Sec	e 37 CFR 1.27(g)(2).	
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accept	ted from anyone other than t	he applicant; a reg	istered attorney or agen	it; or the assignce or other party in	
interest as shown by the	records of the United Sta	ntes Patent and Tradema	rk Office.	w		Control of the Contro	
Authorized Signature			Montes con appropriate que reconstructura de la companya del la companya de la co	Date 02/0	8/2010	4.07 %	
Typed or printed nam	Michael J	Striker		Registration N			
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V	nation is required by 37 (titality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. Do	CFR 1.311. The informa 5 U.S.C. 122 and 37 CF e USPTO. Time will va orden, should be sent to D NOT SEND FEES OF	tion is required to obtain or R 1.14. This collection is es ry depending upon the indi the Chief Information Offic R COMPLETED FORMS T	retain a benefit by timated to take 12 vidual case. Any co er, U.S. Patent and O THIS ADDRES:	the public which is to fi minutes to complete, in mments on the amoun Trademark Office, U.S. S. SEND TO: Commiss	ile (and by the USPTO to process) reluding gathering, preparing, and it of time you require to complete 3. Department of Commerce, P.O. sioner for Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.